

# TITLE COMPANIES

COMPANY NAME: \_\_\_\_\_ NAIC Company Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 REQUIRED FILINGS IN THE STATE OF: **WEST VIRGINIA** Filings Made During the Year **2011**

(1) Check- List	(2) Line #	(3) REQUIRED FILING FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES***
			Domestic		Foreign			
			State	NAIC	State			
		<b>I. NAIC FINANCIAL STATEMENTS</b>						
	1	Annual Statement (8 1/2" x 14")	0	EO	xxx	3/1	NAIC	B,E,F,G,I,J,M
	1.1	Printed Investment Schedule detail (Pages E01-E27)	0	EO	xxx	3/1	NAIC	B,E,F,G,I,J,M
	2	Quarterly Financial Statement (8 1/2" x 14")	0	EO	xxx	5/15, 8/15, 11/15	NAIC	B,I
		<b>II. NAIC SUPPLEMENTS</b>						
	11	Actuarial Opinion	0	EO	xxx	3/1	Company	B,I
	12	Investment Risk Interrogatories	0	EO	xxx	4/1	NAIC	B,I
	13	Management Discussion & Analysis	0	EO	xxx	4/1	Company	B,I
	14	Schedule SIS	0	N/A	N/A	3/1	NAIC	
	15	Supplemental Compensation Exhibit	0	N/A	N/A	3/1	NAIC	
	16	Supplemental Schedule of Business Written By Agency	0	EO	xxx	4/1	NAIC	B,I
		<b>III. ELECTRONIC FILING REQUIREMENTS</b>						
	50	Annual Statement Electronic Filing	0	1	xxx	3/1	NAIC	E
	51	March .PDF Filing	0	1	xxx	3/1	NAIC	E
	52	Supplemental Electronic Filing	0	1	xxx	4/1	NAIC	E
	53	Supplemental .PDF Filing	0	1	xxx	4/1	NAIC	E
	54	Quarterly Statement Electronic Filing	0	1	xxx	5/15, 8/15, 11/15	NAIC	E
	55	Quarterly .PDF Filing	0	1	xxx	5/15, 8/15, 11/15	NAIC	E
	56	June .PDF Filing	0	1	xxx	6/1	NAIC	E
		<b>IV. AUDIT/INTERNAL CONTROL RELATED REPORTS</b>						
	71	Accountants Letter of Qualifications	0	EO	N/A	6/1	Company	
	72	Audited Financial Reports	0	EO	xxx	6/1	Company	B
	73	Audited Financial Reports Exemption Affidavit	0	N/A	N/A	6/1	Company	
	74	Communication of Internal Control Related Matters Noted in Audit	0	N/A	N/A	8/1	Company	
	75	Independent CPA (change)	0	N/A	N/A	30 days after engagement	Company	
	76	Management's Report of Internal Control Over Financial Reporting	0	N/A	N/A	8/1	Company	
	77	Notification of Adverse Financial Condition	0	N/A	N/A	Immediately	Company	
	78	Report of Significant Deficiencies in Internal Controls	0	N/A	N/A	8/1	Company	
	79	Request for Exemption to File	0	N/A	1	Timely manner	Company	B
		<b>V. STATE REQUIRED FILINGS</b>						
	101	Filings Checklist (with Column 1 completed)	0	0	0	3/1	State	
	102	State Filing Fees	0	0	\$100	3/1	State	C,E,F,G,H,O,T,U
	103	Signed Jurat	0	0	1	3/1	NAIC	B,I,L
	104	Certificate of Compliance	0	0	1	6/1	Company	B,AC
	105	Certificate of Deposit	0	0	1	6/1	Company	B,AC
	106	Certificate of Authority renewal fee	0	N/A	\$200	3/1	State	C,O,U
	107	Premium Tax	0	0	1	3/1, 4/25, 7/25, 10/25	State	B,D,E,F,G,H,I,M,O, P,U,Y,AA,AD
	108	Schedule T	0	N/A	1	3/1	NAIC	B,I,AD
	109	Examination Assessment Fee	0	xxx	1	7/1	State	O,Z

\*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

\*\*\*Refer to Notes & Instructions (Below).

	<b>NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)</b>	
A	Required Filings – Contact Person:	Darlene Parsons Darlene.Parsons@wvinsurance.gov (304) 558-2100 (Financial Conditions)
B	<p>Mailing Address: West Virginia Insurance Commissioner</p> <p><u>Annual Statement:</u></p> <p>Mailing: PO Box 50540 Charleston, WV 25305-0540</p> <p>Location: 1124 Smith Street, Room 102 Charleston, WV 25301</p> <p><u>Annual Premium Tax Statement &amp; Schedule T:</u></p> <p>Mailing: PO Box 50542 Charleston, WV 25305-0542</p> <p>Location: 1124 Smith Street, Room 100 Charleston, WV 25301</p>	<p>Domestic insurers file hard copies of their annual statements.</p> <p>The Annual Premium Tax Statement is <b>due on or before March 1</b> and is located at: <a href="http://www.wvinsurance.gov/company/taxes.aspx">http://www.wvinsurance.gov/company/taxes.aspx</a></p> <p>Mail <b>Schedule T</b> to the same address as the Annual Premium Tax Statement.</p> <p>If your company is exempt from filing an Annual Premium Tax Statement, complete an Application for License (Form A-10) located at: <a href="http://www.wvinsurance.gov/Default.aspx?tabid=215">http://www.wvinsurance.gov/Default.aspx?tabid=215</a></p> <p>The mailing address for the Application for License (Form A-10) is the same as the Annual Premium Tax Statement.</p> <p>Phone: (304) 558-2100 – Tax Audit Section</p>
C	<p>Mailing Address for Filing Fees:</p> <p><u>Filing Fee:</u></p> <p>West Virginia Insurance Commissioner STO/RPD PO Box 1913 Charleston, WV 25327</p> <p>Premium tax payment and fee collection is processed by the Receipts Processing Division of the State Treasurer’s Office.</p>	<p>The annual fees are included on the Annual Premium Tax Statement which is <b>due on or before March 1</b> and is located at: <a href="http://www.wvinsurance.gov/company/taxes.aspx">http://www.wvinsurance.gov/company/taxes.aspx</a></p> <p>If your company is exempt from filing an Annual Premium Tax Statement, complete an Application for License (Form A-10) located at: <a href="http://www.wvinsurance.gov/Default.aspx?tabid=215">http://www.wvinsurance.gov/Default.aspx?tabid=215</a></p> <p>The mailing address for the Application for License (Form A-10) is the same as the Annual Premium Tax Statement.</p> <p>Phone: (304) 558-2100 – Tax Audit Section</p>
D	<p>Mailing Address for Premium Tax Payments:</p> <p><u>Premium Tax Payment:</u></p> <p>West Virginia Insurance Commissioner STO/RPD PO Box 1913 Charleston, WV 25327</p> <p>Premium tax payment and fee collection is processed by the Receipts Processing Division of the State Treasurer’s Office.</p>	<p>W. Va. Code §33-43-6(e) states that for each of the quarters [first (<b>due on or before April 25</b>), second (<b>due on or before July 25</b>), and third (<b>due on or before October 25</b>)], payment must be submitted based on either one-fourth of the total tax paid during the preceding calendar year OR 80% of the actual tax liability for the current calendar year. The annual tax payment is <b>due on or before March 1</b>.</p> <p><b>Even if there is a zero remittance, a filing must be made for each quarter.</b></p> <p>The form is located at: <a href="http://www.wvinsurance.gov/company/taxes.aspx">http://www.wvinsurance.gov/company/taxes.aspx</a></p> <p>Three forms of filing/payment include:</p> <p><b>1. OPTins</b> - <a href="https://eapps.naic.org/optins-static/implementation.html">https://eapps.naic.org/optins-static/implementation.html</a> to pre-register.</p>

			<b>2. CHECK</b>  <b>3. (FOR ZERO FILERS ONLY)</b> <a href="https://epay.wvsto.com/inscommtax/Login.aspx">https://epay.wvsto.com/inscommtax/Login.aspx</a> . You must retain your confirmation number.  Phone: (304) 558-2100 – Tax Audit Section
	E	Delivery Instructions:	All filings are <b>due on or before</b> the indicated due date.  If due date falls on a weekend or holiday then the deadline is extended to the next business day.
	F	Late Filings:	W. Va. Code §33-3-11(b) may require the insurer to pay a penalty not exceeding ten thousand dollars for the late filing of Annual Statements.  W. Va. Code §33-43-7(a) imposes a penalty of twenty-five dollars (\$25) for each day throughout which a taxpayer fails to file a tax return by the applicable filing date.  W. Va. Code §33-43-11 makes the taxpayer liable for interest on any unpaid final assessment or penalty or portion thereof.
	G	Original Signatures:	Required signatures must be original signatures on all filings.
	H	Signature/Notarization/Certification:	All forms must be signed and attested to where indicated.
	I	Amended Filings:	Amended items must be filed with a complete explanation of each amendment.  If there are signature requirements for the original filing, the same requirements apply to any amendment.
	J	Exceptions from normal filings:	A request for extension must be filed not less than 10 days prior to due date and provide sufficient detail.
	K	Bar Codes (State or NAIC):	NAIC
	L	Signed Jurat:	Foreign & Alien licensed companies must file a signed Jurat.
	M	NONE Filings:	See NAIC Annual Statement Instructions.  Exceptions to these instructions are noted on the form.  Tax statements and payment forms are required to be filed and completed regardless of tax liability. Zero liability must file returns marked -0-.
	N	Filings new, discontinued or modified materially since last year:	Forms and instructions on the web have been updated.
	O	Checks:	Make checks payable to: Offices of the WV Insurance Commissioner
	P	Computer Generated or Tax Software Packages:	Computer generated or tax software packages for the Annual Premium Tax Statement and Annual Tax Payment Form are <b>unacceptable</b> .

Q	Additional Copies:	If copies are required to be filed, file one (1) original and a copy as indicated.
R	HMO/PEIA Rates:	File with: Rates and Forms Division PO Box 50540 Charleston, WV 25305-0540
S	Grievance Procedure:	File with: Consumer Services Division PO Box 50540 Charleston, WV 25305-0540
T	State Filing Fees:	The annual fees are included on the Annual Premium Tax Statement. See Note C and D.  Life insurers and Property and Casualty insurers reporting on the Health Blank must remit a \$100 Annual Statement filing fee.  HMOs remit a \$100 Annual Statement filing fee along with the Application for License (Form A-10) which is located at: <a href="http://www.wvinsurance.gov/Default.aspx?tabid=215">http://www.wvinsurance.gov/Default.aspx?tabid=215</a> .  HMDIs are not subject to an Annual Statement filing fee.
U	COA Renewal Fees:	COA renewal fee is remitted with Tax Payment Form and is <b>due on or before March 1</b> . See Note C and D.
V	HMO Requirement:	Only HMOs are subject to this requirement.
W	Special Instruction for foreign HMOs:	Foreign licensed HMOs are required to make the same type and number of filings as a domestic HMO.
X	Monthly Financial Statements/Quarterly Financial Statements:	Monthly financial statements must be filed if written request is issued by the commissioner.  Foreign and alien licensed insurers are waived from filing hard copy quarterly financial statements unless requested.
Y	Premium Taxes:	HMO and HMDI are tax exempt and not required to file returns but are required to file Application for License (Form A-10) located at: <a href="http://www.wvinsurance.gov/Default.aspx?tabid=215">http://www.wvinsurance.gov/Default.aspx?tabid=215</a> .  Life insurers and Property and Casualty insurers must file the appropriate tax returns. Forms are located at: <a href="http://www.wvinsurance.gov/company/taxes.aspx">http://www.wvinsurance.gov/company/taxes.aspx</a>  Phone: (304) 558-2100 – Tax Audit Section
Z	Mailing Address:  <u>Examination Assessment Fee:</u>  West Virginia Insurance Commissioner STO/RPD PO Box 1861 Charleston WV 25327	Two forms of payments include:  <b>OPTins</b> - <a href="https://eapps.naic.org/optins-static/implementation.html">https://eapps.naic.org/optins-static/implementation.html</a> to pre-register.  and by <b>Check</b>  The payment is <b>due on or before July 1</b> .  Phone: (304) 558-2100 – Tax Audit Section

	AA	Premium Tax Penalties:	<p>W. Va. Code §33-43-7(a) imposes a penalty of twenty-five dollars (\$25) for each day throughout which a taxpayer fails to file a tax return by the applicable filing date.</p> <p>W. Va. Code §33-43-7(b) imposes a penalty of 1% of the unpaid portion for each day throughout for failure to pay a tax/fee liability in full.</p> <p>W. Va. Code §33-43-11 makes the taxpayer liable for interest on any unpaid final assessment or penalty or portion thereof.</p>
	AB	Certificate of Advertising Compliance:	Not Required
	AC	Certificate of Compliance – Certificate of Deposit – Certificate of Valuation:	<p>Foreign and alien licensed insurers must file these certificates with the Annual Premium Tax Statement (Form IC-PT) or Application for License (Form A-10).</p> <p>The Certificate of Compliance is a Certificate of Compliance/Good Standing from your state of domicile and not the Certificate of Authority.</p>
	AD	Schedule T:	File one copy with the Annual Premium Tax Statement (Form IC-PT).